

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 05-08

Distribution: All Provider

Issued: January 2005

Subject: Sanctioned Providers (Monthly Update)

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services, MOMS, ABW

Attached is the January 2005 update to the Sanctioned Provider List issued October 2004 as MSA Bulletin All Provider 04-16.

NOTES:

- A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available on their website at http://exclusions.oig.hhs.gov. (This is a new website address from that published in the October 2004 Sanctioned Provider List.)
- A complete list of sanctioned providers is available on the Michigan Department of Community
 Health website at www.michigan.gov/mdch, click on Providers, click on Information for Medicaid
 Providers, click on List of Sanctioned Providers.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Paul Reinhart, Director

Medical Services Administration

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MANUAL TITLE ALL PROVIDER	PAGE 1
Appendix SANCTIONED PROVIDERS LIST	DATE January 2005 MSA 05-08

MEDICAID I.D. NO. EFFECTIVE DATE OF PROVIDER SANCTION EFFECTIVE DATE OF NON-COVERAGE OF REFERRALS SANCTIONING AUTHORITY

SMERECK, KAREN L, DDS

10-20-04 10-20-04

CMS

17234 GODDARD, ALLEN PARK 4146326 3113 OAKWOOD AVE., MELVINDALE 4146335

WALKER, ROBERT C., DO

12-20-04 12-20-04

CMS

 2200 SPRINGPORT RD., JACKSON
 3257643

 205 S. EAST AVE., JACKSON
 3261762

 2200 SPRINGPORT RD., JACKSON
 3400418

 110 N. ELM ST., JACKSON
 3420813

 225 S. WAVERLY, STE. B., LANSING
 3421006

 MICH. STATE UNIVERSITY, E. LANSING
 3435585

 225 WAVERLY, STE. B, LANSING
 4477641

WEST, KEITH A., DDS

10-20-04 10-20-04

CMS

1404 FORD AVE., WYANDOTTE

3244654



MANUAL TITLE ALL PROVIDER	PAGE 2
SANCTIONED PROVIDERS LIST	DATE January 2005 MSA 05-08

MEDICAID I.D. NO. EFFECTIVE DATE OF PROVIDER

REINSTATEMENT

EFFECTIVE DATE OF NON-COVERAGE OF REFERRALS REINSTATING AUTHORITY

REINSTATEMENTS

DWORZANIN, GREGORY, R.PH. 11

11-09-04

CMS

MASON, RICHARD G., DPM

11-08-04

CMS

MORRELL, ROGER M., MD

02-06-04

CMS & DCH